

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☐ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☐ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. Organizational DUNS:

d. Address:

* Street1:

Street2:

* City:

County/Parish:

* State:

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

Fax Number:

* Email:

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last

Name:

Suffix:

* Title:

* Telephone
Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

U.S. Department of Education Supplemental Information for the
SF-424 Application for Federal Assistance

1. Project Director and Applicable Entity Identification Numbers:

Prefix: Last Name:	* First Name:	Middle Name:	*	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Project Director Level of Effort (percentage of time devoted)

Address:

*	<input type="text"/>
St	<input type="text"/>
re	<input type="text"/>
et	<input type="text"/>
1:	<input type="text"/>
St	<input type="text"/>
re	<input type="text"/>
et	<input type="text"/>
2:	<input type="text"/>
*	<input type="text"/>
Cit	<input type="text"/>
y:	<input type="text"/>
Co	<input type="text"/>
unt	<input type="text"/>
y:	<input type="text"/>
*	<input type="text"/>
Sta	<input type="text"/>
te:	<input type="text"/>
*	<input type="text"/>
Zip	<input type="text"/>
Co	<input type="text"/>
de:	<input type="text"/>
*	<input type="text"/>
Co	<input type="text"/>
unt	<input type="text"/>
ry:	<input type="text"/>

* Phone Number (give area code) Fax Number (give area code)

<input type="text"/>	<input type="text"/>
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* Email Address:

Alternate Email Address:

OPE ID(s) (if applicable)

NCES School ID(s) (if applicable)

NCES LEA/School District ID(s) (if applicable)

2. New Potential Grantee or Novice Applicant:

☐

N/A. This item is not applicable because the program competition's notice inviting applications (NIA) does not include a definition of either "New Potential Grantee" or "Novice Applicant." This item is not applicable when the program competition's NIA does not include either definition.

For NIA's that include a definition of "New Potential Grantee" or "Novice Applicant," complete the following:

a. Are you either a new potential grantee or novice applicant as defined in the program competition's NIA?

Yes

☐

No

☐

3. Human Subjects Research:

a. Are any research activities involving human subjects planned at any time during the proposed Project

☐ Period? ☒ Yes ☐ No

b. Are ALL the research activities proposed designated to be exempt from the regulations?

☐ Yes Provide Exemption(s) #(s): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

☐ No Provide Federal Wide Assurance #(s), if available:

c. If applicable, please attach your "Exempt Research" or "Nonexempt Research" narrative to this form as indicated in the definitions page in the attached instructions.

Add Attachment

Delete Attachment

View Attachment

4. Infrastructure Programs and Build America, Buy America Act Applicability:

If the competition Notice Inviting Applications (NIA) in section III. 4. "Other" states that the program under which this application is submitted is subject to the Build America, Buy America Act (Pub. L. 117-58) (BABAA) domestic sourcing requirements, complete the following:

☐ This application does not include any infrastructure projects or activities and therefore IS NOT subject the BABAA domestic sourcing requirements.

☐ This application IS subject to the BABAA domestic sourcing requirements, because the proposed grant project described in this application includes the following infrastructure projects or activities:

☐ Construction

☐ Remodeling

☐ Broadband Infrastructure

If this application IS subject to the BABAA domestic sourcing requirements, please list the page numbers from within the application narrative where the proposed infrastructure project or activities are described:

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
4040-0013

Review Public Burden Disclosure Statement

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> i. bid/offer/application <input checked="" type="checkbox"/> j. initial award <input type="checkbox"/> k. post-award	3. * Report Type: <input checked="" type="checkbox"/> l. initial filing <input type="checkbox"/> m. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name <input style="width: 300px;" type="text"/> * Street 1 <input style="width: 250px;" type="text"/> Street 2 <input style="width: 250px;" type="text"/> * City <input style="width: 150px;" type="text"/> State <input style="width: 150px;" type="text"/> Zip <input style="width: 50px;" type="text"/> Congressional District, if known: <input style="width: 150px;" type="text"/>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: 		
6. * Federal Department/Agency: <input style="width: 250px;" type="text"/>	7. * Federal Program Name/Description: <input style="width: 300px;" type="text"/> CFDA Number, if applicable: <input style="width: 150px;" type="text"/>	
8. Federal Action Number, if known: <input style="width: 300px;" type="text"/>	9. Award Amount, if known: \$ <input style="width: 100px;" type="text"/>	
10. a. Name and Address of Lobbying Registrant: Prefix <input style="width: 50px;" type="text"/> * First Name <input style="width: 150px;" type="text"/> Middle Name <input style="width: 100px;" type="text"/> * Last Name <input style="width: 200px;" type="text"/> Suffix <input style="width: 50px;" type="text"/> * Street 1 <input style="width: 150px;" type="text"/> Street 2 <input style="width: 150px;" type="text"/> * City <input style="width: 100px;" type="text"/> State <input style="width: 100px;" type="text"/> Zip <input style="width: 50px;" type="text"/>		
b. Individual Performing Services (including address if different from No. 10a) Prefix <input style="width: 50px;" type="text"/> * First Name <input style="width: 150px;" type="text"/> Middle Name <input style="width: 100px;" type="text"/> * Last Name <input style="width: 200px;" type="text"/> Suffix <input style="width: 50px;" type="text"/> * Street 1 <input style="width: 150px;" type="text"/> Street 2 <input style="width: 150px;" type="text"/> * City <input style="width: 100px;" type="text"/> State <input style="width: 100px;" type="text"/> Zip <input style="width: 50px;" type="text"/>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. * Signature: <input style="width: 250px;" type="text"/> * Name: Prefix <input style="width: 50px;" type="text"/> * First Name <input style="width: 150px;" type="text"/> Middle Name <input style="width: 100px;" type="text"/> * Last Name <input style="width: 200px;" type="text"/> Suffix <input style="width: 50px;" type="text"/> Title: <input style="width: 100px;" type="text"/> Telephone No.: <input style="width: 100px;" type="text"/> Date: <input style="width: 100px;" type="text"/>		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

CERTIFICATION REGARDING LOBBYING (80-0013)

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* SIGNATURE:

* DATE:

NOTICE TO ALL APPLICANTS: EQUITY FOR STUDENTS, EDUCATORS, AND OTHER PROGRAM BENEFICIARIES

Section 427 of the General Education Provisions Act (GEPA) ([20 U.S.C. 1228a](#)) applies to applicants for grant awards under this program.

ALL APPLICANTS FOR NEW GRANT AWARDS MUST INCLUDE THE FOLLOWING INFORMATION IN THEIR APPLICATIONS TO ADDRESS THIS PROVISION IN ORDER TO RECEIVE FUNDING UNDER THIS PROGRAM.

Please respond to the following requests for information:

1. Describe how your entity's existing mission, policies, or commitments ensure equitable access to, and equitable participation in, the proposed project or activity.

2. Based on your proposed project or activity, what barriers may impede equitable access and participation of students, educators, or other beneficiaries?

3. Based on the barriers identified, what steps will you take to address such barriers to equitable access and participation in the proposed project or activity?

4. What is your timeline, including targeted milestones, for addressing these identified barriers?

Notes:

1. Applicants are not required to have mission statements or policies that align with equity in order to submit an application.
2. Applicants may identify any barriers that may impede equitable access and participation in the proposed project or activity, including, but not limited to, barriers based on economic disadvantage, gender, race, ethnicity, color, national origin, disability, age, language, migrant status, rural status, homeless status or housing insecurity, pregnancy, parenting, or caregiving status, and sexual orientation.

3. Applicants may have already included some or all of this required information in the narrative sections of their applications or their State Plans. In responding to this requirement, for each question, applicants may provide a cross-reference to the section(s) and page number(s) in their applications or State Plans that includes the information responsive to that question on this form or may restate that information on this form.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1894-0005. Public reporting burden for this collection of information is estimated to average 3 hours per response, including time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this individual collection, send your comments to ICDocketMgr@ed.gov and reference OMB Control Number 1894-0005. All other comments or concerns regarding the status of your individual form may be addressed to either (a) the person listed in the FOR FURTHER INFORMATION CONTACT section in the competition Notice Inviting Applications, or (b) your assigned program officer.



U.S. DEPARTMENT OF EDUCATION
BUDGET INFORMATION NON-CONSTRUCTION PROGRAMS

OMB Control Number:
1894-0008
Expiration Date:
08/31/2026

Name of Applicant Organization

Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

SECTION A - BUDGET SUMMARY U.S. DEPARTMENT OF EDUCATION FUNDS

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
1. Personnel								
2. Fringe Benefits								
3. Travel								
4. Equipment								
5. Supplies								
6. Contractual								
7. Construction								
8. Other								
9. Total Direct Costs (lines 1-8)								
10. Indirect Costs *Enter Rate Applied:								
11. Training Stipends								
12. Total Costs (lines 9-11)								

***Indirect Cost Information (To Be Completed by Your Business Office):**

If you are requesting reimbursement for indirect costs on line 10, please answer the following questions:

- (1) Do you have an Indirect Cost Rate Agreement approved by the Federal government? ____Yes ____No.
- (2) If yes, please provide the following information and provide a copy of your Indirect Cost Rate Agreement:
Period Covered by the Indirect Cost Rate Agreement: From: ____/____/____ To: ____/____/____ (mm/dd/yyyy)
Approving Federal agency: ____ED ____Other (please specify): _____ The approved Indirect Cost Rate is ____%
The approved Indirect Cost Rate Base _____ (e.g., Modified Total Direct Costs, Salaries and Wages, or Salaries, Wages and Fringe Benefits see 34 CFR § 75.564(b))
- (3) If you do not have a current approved indirect cost rate agreement, are not a State or Local Government that receives more than \$35 million in direct Federal funding, and are not funding under a training rate program or restricted rate program, do you want to use the de minimis rate of 15% MTDC?
____Yes ____No, if yes, you must comply with the requirements of 2 CFR § 200.414(f).
- (4) If you do not have an approved indirect cost rate agreement, do you want to use the temporary rate of 10% of budgeted salaries and wages? ____Yes ____No. If yes, you must submit a proposed indirect cost rate agreement within 90 days after the date your grant is awarded, as required by 34 CFR § 75.560.
- (5) For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that: ____ Is included in your approved Indirect Cost Rate Agreement?
Or ____ Complies with 34 CFR 76.564(c)(2)? The Restricted Indirect Cost Rate is ____%
The approved Indirect Cost Rate Base _____ (e.g., Modified Total Direct Costs, Salaries and Wages, or Salaries, Wages and Fringe Benefits see 34 CFR §75.564)
- (6) For Training Rate Programs (check one) -- Are you using a rate that: ____Is based on the training rate of 8 percent of MTDC (See 34 CFR §75.562(c)(4))? Or ____Is included in your approved Indirect Cost Rate Agreement, because it is lower than the training rate of 8 percent of MTDC (See 34 CFR §75.562(c)(4)).

Name of Applicant Organization	Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.
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SECTION B - BUDGET SUMMARY NON-FEDERAL FUNDS

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
1. Personnel								
2. Fringe Benefits								
3. Travel								
4. Equipment								
5. Supplies								
6. Contractual								
7. Construction								
8. Other								
9. Total Direct Costs (Lines 1-8)								
10. Indirect Costs *Enter Rate Applied:								
11. Training Stipends								
12. Total Costs (Lines 9-11)								

SECTION C – BUDGET NARRATIVE (see instructions)
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Name of Applicant Organization						Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.		
IF APPLICABLE: SECTION D – LIMITATION ON ADMINISTRATIVE EXPENSES								
(1) List administrative cost cap (x%): _____ (2) What does your administrative cost cap apply to? __ (a) indirect and direct costs or __ (b) only direct costs								
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
1. Personnel Administrative								
2. Fringe Benefits Administrative								
3. Travel Administrative								
4. Contractual Administrative								
5. Construction Administrative								
6. Other Administrative								
7. Total Direct Administrative Costs (lines 1-6)								
8. Indirect Costs *Enter Rate Applied:								
9. Total Administrative Costs								
10. Total Percentage of Administrative Costs								